

## Vendor's Offer

"Return this Section with your Response"

It is REQUIRED that Bidder COMPLETE, SIGN and SUBMIT the original of this form to the City Procurement Office with the bid response offer. An unsigned "Vendor's Offer", late bid response and/or a materially incomplete response will be considered nonresponsive and rejected.

Bidder is to type or legibly write in ink all information required below.

Company Name: Builders Enviro Services, Inc.

Company Purchase Order Mailing Address:

Street Address: 6024 N. 11<sup>th</sup> Avenue

City, State, Zip: Phoenix, AZ 85013

Contact Person: Sherry Rowley Phone Number: 602-570-1846

E-mail Address: srowley@buildersenviroservices.com Cell Number: 602-570-1846

### Remit To Information

Company Name (as it appears on invoice): Builders Enviro Services

Company Payment Remit To Address :

Street Address: 6024 N. 11<sup>th</sup> Avenue

City, State, Zip: Phoenix, AZ 85013

### Company Tax Information

If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: \_\_\_\_\_

### Payment Options

Will your company accept the City's Master Card for payment?

Yes ☐ No ☒

Will your company accept Payment via ACH (Automated Clearing House) for payment?

Yes ☒ No ☐

## THIS BID IS OFFERED BY

### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this offer, Bidder acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other bidder or potential bidder. Failure to sign and return this form with bid response will be considered nonresponsive and rejected.

Sherry Rowley  
Signature of Authorized Offeror

3/28/2016  
Date

Sherry Rowley  
Print or Type Name of Authorized Individual

Owner  
Title of Authorized Individual

Form 201-B (RFP)

**Vendor's Offer**  
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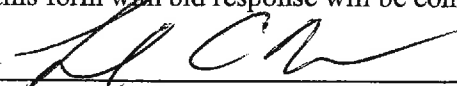
Bidder is to type or legibly write in ink all information required below.

|   |   |
|---|---|
| Company Name: <u>Comprehensive Risk Services, LLC</u>   |   |
| Company Purchase Order Mailing Address:   |   |
| Street Address: <u>4609 S. 33<sup>rd</sup> Place</u>  |   |
| City, State, Zip: <u>Phoenix, AZ 85040</u>  |   |
| Contact Person: <u>Jeff Kish</u>  | Phone Number: <u>602-222-2138</u>                                   |
| E-mail Address: <u>Jeff.kish@crs-info.com</u>   | Cell Number: <u>480-202-7578</u>                                    |
| <u>Remit To Information</u>   |   |
| Company Name (as it appears on invoice): <u>Comprehensive Risk Services, LLC</u>              |   |
| Company Payment Remit To Address :  |   |
| Street Address: <u>333 E. Osborn Road</u>   |   |
| City, State, Zip: <u>Phoenix, AZ 85012</u>  |   |
| <u>Company Tax Information</u>  |   |
| If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>20078988-M</u> |   |
| <u>Payment Options</u>  |   |
| Will your company accept the City's Master Card for payment?                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Will your company accept Payment via ACH (Automated Clearing House) for payment?              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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\_\_\_\_\_  
Signature of Authorized Offeror  
Linda Whitaker  
\_\_\_\_\_  
Print or Type Name of Authorized Individual  
Form 201-B (RFP)

4/6/16  
\_\_\_\_\_  
Date  
Chief Executive Officer  
\_\_\_\_\_  
Title of Authorized Individual

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|  |   |
|--|---|
| Company Name: <u>Empire Services West LLC</u>                                    |   |
| Company Purchase Order Mailing Address:  |   |
| Street Address: <u>7110 E McDonald Dr. Suite A1</u>                              |   |
| City, State, Zip: <u>Scottsdale, AZ 85253</u>                                    |   |
| Contact Person: <u>Bryan Bradley</u>   | Phone Number: <u>480-634-6446</u>                                   |
| E-mail Address: <u>Bryan@empireserviceswest.com</u>                              | Cell Number: <u>602-284-4959</u>                                    |
| <u>Remit To Information</u>  |   |
| Company Name (as it appears on invoice):   | <u>Empire Services West LLC</u>                                     |
| Company Payment Remit To Address :   |   |
| Street Address: <u>7110 E McDonald Dr. Suite A1</u>                              |   |
| City, State, Zip: <u>Scottsdale, AZ 85253</u>                                    |   |
| <u>Company Tax Information</u>   |   |
| If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.:      | <u>N/A</u>  |
| <u>Payment Options</u>   |   |
| Will your company accept the City's Master Card for payment?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Will your company accept Payment via ACH (Automated Clearing House) for payment? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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#### REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

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|   |   |
|---|---|
| <u>Bryan Bradley</u><br>Signature of Authorized Offeror             | <u>4-15-16</u><br>Date                  |
| <u>Bryan Bradley</u><br>Print or Type Name of Authorized Individual | _____<br>Owner                          |
|   | _____<br>Title of Authorized Individual |